



Phone: 212-305-8060 Email: acp@cumc.columbia.edu

2025 REQUEST FOR APPLICATIONS

Application Deadline: Wednesday, January 29, 2025

1. ORGANIZATIONAL INFORMATION

Name of organization:

Address: (If new address, click here)

Head of organization:

Title:

Phone:

Email:

Tax ID/ EIN #:

Year organization formed:

Number of employed staff (Full time): (Part time): (# of Volunteers):

If you are interested in having volunteers from the MCNF, please check here:

FISCAL CONDUIT (if applicable):

Organization Name:

Address:

Phone:

Email:

Tax ID/ EIN #

Organization Name:

Medical Center Neighborhood Fund 2025 Application

2. ORGANIZATION MISSION, POPULATION SERVED, AND GEOGRAPHIC AREA SERVED.

(250 words max)

What is the primary mission or focus area of your organization?

- | | |
|----------------------------|-------------------------------------|
| Food & Housing Insecurty | Education, Health & Wellness |
| Arts, Culture & Recreation | Social Services, Advocacy & Support |

Organization Name:
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3. CURRENT MAJOR SOURCES OF FUNDING FOR YOUR ORGANIZATION

Total operating budget:

Top 3 sources of funding:

Source	Annual Amount

4. PROJECT/ACTIVITY PROPOSED TO RECEIVE FUNDING

Title of project to be funded:

Amount requested in this proposal:

Is the program new or already existing ? Start date:

What is the total cost of the activity that will be funded:

If other organizations will also be supporting the costs for this same effort, please outline that support below:

Funder	Funding Amount
Total Project Cost	

What is the primary focus of the program for which you are seeking funding?:

Food & Housing Insecurity

Education, Health & Wellness

Arts, Culture & Recreation

Social Services, Advocacy & Support

Organization Name:

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If your program is currently addressing food insecurity, please respond to the following questions to provide further detail:

- a) How many clients are served in total?
- b) Please share any pertinent information on client demographics that highlight your food insecurity efforts.
- c) Please share the frequency of food distribution to address insecurity (i.e., daily, weekly, monthly etc.).
- d) Are there volunteer opportunities to support your agency's food insecurity efforts?

Please describe the activity/project. Include what services are provided; any community partners; the number of people who will directly benefit; and how the project will be staffed and carried out.
(500 words max)

Organization Name:

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5. BUDGET SHEET

Please itemize Your Planned Uses of the Requested Funds.

Item	Use	\$
<i>For example: Art Supplies</i>	<i>Classroom Materials</i>	<i>\$500</i>
<i>For example: Paralegal Services</i>	<i>Process claims for clients</i>	<i>\$1000</i>

Item	Use	\$

Organization Name:

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6. USE OF PREVIOUS MCNF FUNDS

Has your organization ever applied to the Medical Center Neighborhood Fund? Yes No

If yes, please indicate the amount and the most recent fiscal year: Year:

If yes, kindly describe the impact the program or project had on the community (250 words max). In addition, please provide 2-3 photos to show the work that the previous funding assisted with. Please note that these photos may be posted on the Columbia University Irving Medical Center and NewYork-Presbyterian Hospital websites.

Organization Name:

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7. SIGNATURES

Signature of program director:

Signature of fiscal conduit (if applicable)

Print Name:

Print Name:

Phone:

Date:

Email:

Date:

8. W9 and 501-C3 Submission

Please provide a completed and signed W9 form. A W9 form is attached below for your convenience. Additionally, kindly attach your 501(c)(3) determination letter to verify your nonprofit status.

Organization Name:

Medical Center Neighborhood Fund 2025 Application

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they